



RECEIVED
JAN 30 1995

AIR TOXICS AND RADIATION
BRANCH
U.S. EPA, REGION V

Technical and Transportation Services
Environmental Services

Ford Motor Company
3001 Miller Road, 106 CSB
Dearborn, Michigan 48121

January 26, 1995

U.S. EPA, Region 5
AT-18J, Asbestos Coordinator
77 W. Jackson Blvd.
Chicago, IL 60604

Subject: Notification of Intent to Remove Asbestos During a Renovation Project.

We are providing information related to the removal of asbestos during renovation at the Dearborn Glass Plant located in the Ford Motor Company, Rouge Manufacturing Complex, at 3001 Miller Rd, Dearborn, Michigan.

If you have any questions or require further information, please contact me at (313) 323-0883.

Joseph D. Preece
Joseph D. Preece

copy to: Wayne County Health Department
Air Pollution Control Division
640 Temple, Suite 700
Detroit, MI 48201

MDPH, DOH-ASBESTOS PROGRAM
3423 N. Logan/Martin L. King Jr. Blvd.
P.O. Box 30195
Lansing, MI 48909



NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH

MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY
DIV., NESHAP, 40 CFR Part 61, Subpart M
(\$25,000 penalty per day per violation for failure to comply)

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM
P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

DNR/MDPH USE ONLY

Postmark Date: _____ Rec'd Date: _____
☐ OK ☐ Send Def Ltr. Date Def Ltr. Sent: _____
 FOLLOW UP: ____/____/____ Spoke w/: _____
 Comments: _____

Notific. No.: _____ Trans. No.: _____

Calculate MDPH Asbestos Project Fee:

_____ x 0.01 = _____
 (Total Project Cost) (1% Project Fee)

Contractor License Numbers:

Asbestos Abatement: _____ Building: _____
 Electrical: _____ Plumbing: _____
 Mechanical: _____
 Licensing Authority: _____

1. NOTIFICATION

Date of Notification: January 25, 1995
 Date of Revision(s): N/A
 Notification Type: ☒ Original ☐ Revised ☐ Cancelled ☐ Annual

Please check all that apply:

MDPH

- ☒ Demo, Reno, Encap. (>10 Ln. ft/15 Sq. ft) 10-day notice
☐ Emergency Renovation/Encapsulation
 NESHAP (DNR/U.S.EPA)
☒ Planned Renovation 10 working days notice
☐ Emergency Renovation
☐ Scheduled Demolition above cutoff - 10 working days notice
☐ Scheduled Demolition below cutoff - 10 working days notice
☐ Ordered Demolition

2. PROJECT SCHEDULE

* Renovation: Start Date: January 26, 1995
 End Date: February 11, 1995
 + Asb. Removal: Start Date: February 11, 1995
 End Date: February 12, 1995
 + Demolition: Start Date: _____
 End Date: _____
 Encapsulation: Start Date: _____
 End Date: _____

* Includes setup, building containment, etc., but not removing asbestos

Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

Days of the Week Work Hours

Asb. Removal: Feb. 11-12, 1995 6:00 am - 6:00 pm
 Demolition: _____
 Encapsulation: _____

+ ☐ Check here if this is a multi-phased project. Be sure to attach a schedule showing the start and end dates of each phase and indicate if it is for asbestos removal, demolition, etc.

10. IS ASBESTOS PRESENT? Yes ☒ No ☐

Estimate the amount of asbestos: Include Regulated Asbestos Containing Material (RACM) to be removed, disturbed, and/or encapsulated, etc. Also include in the right hand two columns below the amount of non-friable Cat. I and/or Cat. II ACM that will not be removed prior to demolition.

RACM to be Removed	RACM to be Encapsulated	Non-friable ACM not removed before Demo.		Unit of Measure
		Category I	Category II	
728				<input type="checkbox"/> Ln. Ft. <input type="checkbox"/> Ln. M.
				<input checked="" type="checkbox"/> Sq. Ft. <input type="checkbox"/> Sq. M.
				<input type="checkbox"/> Cu. Ft. <input type="checkbox"/> Cu. M.*

* Volume (cubic feet/cubic meter) should be used only if unable to measure by linear or square measure (ex: if asbestos has fallen off surfaces).

3. ABATEMENT CONTRACTOR

Internal Proj. No. _____

Name: Ford Motor Company
 Mailing Address: 3001 Miller Rd., 106 CSB
 City/State/Zip: Dearborn, Michigan 48121
 Contact: W. Bryant Phone: (313) 322-5822

4. DEMOLITION CONTRACTOR

Internal Proj. No. _____

Name: N/A
 Mailing Address: _____
 City/State/Zip: _____
 Contact: _____ Phone: () _____

5. FACILITY OWNER

Internal Proj. No. _____

Name: Ford Motor Company
 Mailing Address: 3001 Miller Rd.
 City/State/Zip: Dearborn, Michigan 48121
 Contact: W. Bryant Phone: (313) 322-5822

6. FACILITY DESCRIPTION

Facility Name (or Number): Dearborn Glass Plant
 Location Address: 3001 Miller Rd.
 Nearest Major Crossroad: Road 4
 City: Dearborn County: Wayne State: MI
 Size: (sq. ft.) 900,000 No. of Floors: 2 Floor No.: 1st
 Age: 70 Present Use: Windshield Prior Use: N/A
 Specific Location(s) Within Facility: Lehr, located on 1st floor between columns A18-A25.

7. DISPOSAL SITE

Name: Allen Park Clay Mine Landfill
 Location Address: 17005 Oakwood Blvd.
 City/State/Zip: Allen Park, MI 48101

8. WASTE TRANSPORTER 1

WASTE TRANS. 2

Name: Rouge Transportation Svcs (Ford)
 Address: 3001 Miller Rd.
 City/State/Zip: Dearborn, MI 48121
 Phone: (313) 338-1700 F. Fuller

9. ORDERED DEMOLITIONS: (See guidelines, obtainable by contacting DNR or WCAPCD at the addresses listed on the reverse side, for NESHAP definition of "Ordered Demolition." A copy of the order must accompany this notification.) Include the following information:

Gov't Agency Ordering Demo: N/A
 Name/Title of Person Signing Order: _____
 Date of Order: _____ Date Ordered to Begin: _____

(continued on reverse side)



Vehicle Operations

Technical & Transportation Services
Power and Utility Operations
3001 Miller Road
Dearborn, Michigan 48121

March 3, 1995

U.S. EPA, Region 5
AT-18J, Asbestos Coordinator
77 W. Jackson Blvd.
Chicago, Illinois 60604

RECEIVED

MAR 06 1995

AIR TOXICS AND RADIATION
BRANCH
U.S. EPA, REGION V

Subject: Notification of Intent to Remove Asbestos During a Renovation Project

We are providing information related to the removal of asbestos during a renovation project at the Powerhouse in the Ford Motor Company Rouge Manufacturing Complex at 3001 Miller Road, Dearborn, Michigan.

If you have any questions or require further information, please contact me at (313) 322-9016.

Kevin C. Bollen
Environmental Control Engineer

copy to: Wayne County Health Dept., APCD
640 Temple, Suite 700
Detroit, MI 48201

MDPH - Asbestos Program
3423 N. Logan/Martin L. King Jr. Blvd.
P.O. Box 30195
Lansing, MI 48909

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH

MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY
DIV., NESHAP, 40 CFR Part 61, Subpart M
(\$25,000 penalty per day per violation for failure to comply)

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM
P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

DNR/MDPH USE ONLY Postmark Date: _____ Rec'd Date: _____ <input type="checkbox"/> Ok <input type="checkbox"/> Send Def Ltr. Date Def Ltr. Sent: _____ FOLLOW UP: ____/____/____ Spoke w/: _____ Comments: _____ _____ _____ Notific. No.: _____ Trans. No.: _____	3. ABATEMENT CONTRACTOR Internal Proj. No. _____ Name: <u>Ford Motor Co. - Power & Utility Ops.</u> Mailing Address: <u>3001 Miller Rd.</u> City/State/Zip: <u>Dearborn, MI 48121</u> Contact: <u>K. Bollen Rm 410</u> Phone: (313) <u>322-9016</u>										
Calculate MDPH Asbestos Project Fee: _____ x 0.01 = _____ (Total Project Cost) (1% Project Fee) Contractor License Numbers: Asbestos Abatement: _____ Building: _____ Electrical: _____ Plumbing: _____ Mechanical: _____ Licensing Authority: _____	4. DEMOLITION CONTRACTOR Internal Proj. No. _____ Name: _____ Mailing Address: _____ City/State/Zip: _____ Contact: _____ Phone: () _____										
1. NOTIFICATION Date of Notification: <u>3/3/95</u> Date of Revision(s): _____ Notification Type: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Cancelled <input type="checkbox"/> Annual Please check all that apply: MDPH <input checked="" type="checkbox"/> Demo, Reno, Encap. (>10 Ln. ft/15 Sq. ft) 10-day notice <input type="checkbox"/> Emergency Renovation/Encapsulation NESHAP (DNR/U.S.EPA) <input checked="" type="checkbox"/> Planned Renovation 10 working days notice <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Scheduled Demolition above cutoff- 10 working days notice <input type="checkbox"/> Scheduled Demolition below cutoff - 10 working days notice <input type="checkbox"/> Ordered Demolition	5. FACILITY OWNER Internal Proj. No. _____ Name: <u>Ford Motor Co. - Power & Utility Ops.</u> Mailing Address: <u>3001 Miller Rd.</u> City/State/Zip: <u>Dearborn, MI 48121</u> Contact: <u>K. Bollen Rm 410</u> Phone: (313) <u>322-9016</u>										
2. PROJECT SCHEDULE * Renovation: Start Date: <u>3/20/95</u> End Date: <u>4/21/95</u> + Asb. Removal: Start Date: <u>3/20/95</u> End Date: <u>4/21/95</u> + Demolition: Start Date: _____ End Date: _____ Encapsulation: Start Date: _____ End Date: _____ * Includes setup, building containment, etc., but <u>not</u> removing asbestos Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection. <table style="width: 100%;"> <tr> <th style="width: 50%;">Days of the Week</th> <th style="width: 50%;">Work Hours</th> </tr> <tr> <td>Asb. Removal: <u>M - F</u></td> <td><u>7:00 - 4:00</u></td> </tr> <tr> <td>Demolition: _____</td> <td>_____</td> </tr> <tr> <td>Encapsulation: _____</td> <td>_____</td> </tr> </table> + <input type="checkbox"/> Check here if this is a multi-phased project. Be sure to attach a schedule showing the start and end dates of <u>each</u> phase and indicate if it is for asbestos removal, demolition, etc.	Days of the Week	Work Hours	Asb. Removal: <u>M - F</u>	<u>7:00 - 4:00</u>	Demolition: _____	_____	Encapsulation: _____	_____	6. FACILITY DESCRIPTION Facility Name (or Number): <u>Powerhouse No. 1</u> Location Address: <u>3001 Miller Rd.</u> <u>See Attached Map</u> Nearest Major Crossroad: <u>Miller & Dix</u> City: <u>Dearborn</u> County: <u>Wayne</u> State: <u>MI</u> Size: (sq. ft.) <u>282,000</u> No. of Floors: <u>7</u> Floor No.: <u>3rd</u> Age: <u>75 yrs</u> Present Use: <u>Powerhouse</u> Prior Use: <u>Powerhouse</u> Specific Location(s) Within Facility: <u>Boiler #1 Drum area</u> <u>& Adjoining wall tubes on west wall</u>		
Days of the Week	Work Hours										
Asb. Removal: <u>M - F</u>	<u>7:00 - 4:00</u>										
Demolition: _____	_____										
Encapsulation: _____	_____										
7. DISPOSAL SITE Name: <u>Ford Allen Park Clay Mine Landfill</u> Location Address: <u>17005 Oakwood Blvd.</u> City/State/Zip: <u>Dearborn, MI 48101</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">8. WASTE TRANSPORTER 1</th> <th style="width: 50%;">WASTE TRANS. 2</th> </tr> <tr> <td>Name: <u>Ford Trans. Svcs.</u></td> <td></td> </tr> <tr> <td>Address: <u>3001 Miller Rd.</u></td> <td></td> </tr> <tr> <td>City/State/Zip: <u>Dearborn, MI 48121</u></td> <td></td> </tr> <tr> <td>Phone: () _____</td> <td>() _____</td> </tr> </table>	8. WASTE TRANSPORTER 1	WASTE TRANS. 2	Name: <u>Ford Trans. Svcs.</u>		Address: <u>3001 Miller Rd.</u>		City/State/Zip: <u>Dearborn, MI 48121</u>		Phone: () _____	() _____
8. WASTE TRANSPORTER 1	WASTE TRANS. 2										
Name: <u>Ford Trans. Svcs.</u>											
Address: <u>3001 Miller Rd.</u>											
City/State/Zip: <u>Dearborn, MI 48121</u>											
Phone: () _____	() _____										
10. IS ASBESTOS PRESENT? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Estimate the amount of asbestos: Include Regulated Asbestos Containing Material (RACM) to be removed, disturbed, and/or encapsulated, etc. Also include in the right hand two columns below the amount of non-friable Cat. I and/or Cat. II ACM that <u>will not</u> be removed prior to demolition.	9. ORDERED DEMOLITIONS: (See guidelines, obtainable by contacting DNR or WCAPCD at the addresses listed on the reverse side, for NESHAP definition of "Ordered Demolition." A copy of the order must accompany this notification.) Include the following information: Gov't Agency Ordering Demo: _____ Name/Title of Person Signing Order: _____ Date of Order: _____ Date Ordered to Begin: _____										

RACM to be Removed	RACM to be Encapsulated	Non-friable ACM not removed before Demo		Unit of Measure
		Category I	Category II	
350				<input type="checkbox"/> Ln. Ft. <input type="checkbox"/> Ln. M. <input checked="" type="checkbox"/> Sq. Ft. <input type="checkbox"/> Sq. M. <input type="checkbox"/> Cu. Ft* <input type="checkbox"/> Cu. M.*

* Volume (cubic feet/cubic meter) should be used only if unable to measure by linear or square measure (ex: if asbestos has fallen off surfaces).

(continued on reverse side)

NOTIFICATION OF INTENT TO RENOVATE OR DEMOLISH (continued)

11. PROJECT DESCRIPTION

a) Renovation: Indicate the surfaces RACM will be removed from.

☒ Piping ☐ Fittings ☒ Boiler(s) ☐ Tank(s)
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)
☐ Other: (describe) _____

Encapsulation (for MDPH): Indicate surfaces to be encapsulated:

☐ Piping ☐ Fittings ☐ Boiler(s) ☐ Tank(s)
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)
☐ Other: (describe) _____

b) Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.):

Scrape with hand tools, cut in sections with hand tools and carefully lower, wet wipe and vacuum contaminated surfaces.

c) Demolition: Describe method of demolition and indicate if complete or partial demolition (If partial, describe which part will be demolished.)

12. **ENGINEERING CONTROLS:** Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal and until proper disposal: Wet methods in conjunction with a full negative pressure containment will be used. Adequately wet material to prevent visible emissions and place wet material in leaktight containers that will remain leaktight until landfilled.

13. **UNEXPECTED ASBESTOS:** Describe procedures that will be followed in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated: See Section 12. Appropriate agencies will be re-notified if the amount of unexpected asbestos found is at least 20% different than previously reported.

14. **PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS:** Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method: A recent building survey was conducted and all suspect materials were tested using the polarized light microscopy method, material is assumed to contain asbestos and is considered to be RACM.

15. **EMERGENCY RENOVATIONS:** Date and hour of the emergency: _____

Description of the sudden, unexpected event: _____

Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden: _____

16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.



3/3/95

Signature of Owner or Abatement Contractor

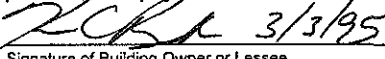
Date

Signature of Owner or Demolition Contractor

Date

17. **Signature Requirements for Projects with Negative Pressure Enclosures:** (required by Michigan Dept. of Public Health)

Per section 221(1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.



Signature of Building Owner or Lessee

Signature of Asbestos Abatement Contractor Representative

NOTE: For affected projects, this section on the notification form must be signed when the project notification form is submitted to MDPH.

MAILING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.)

**NESHAP,
40 CFR, Part 61,
Subpart M**

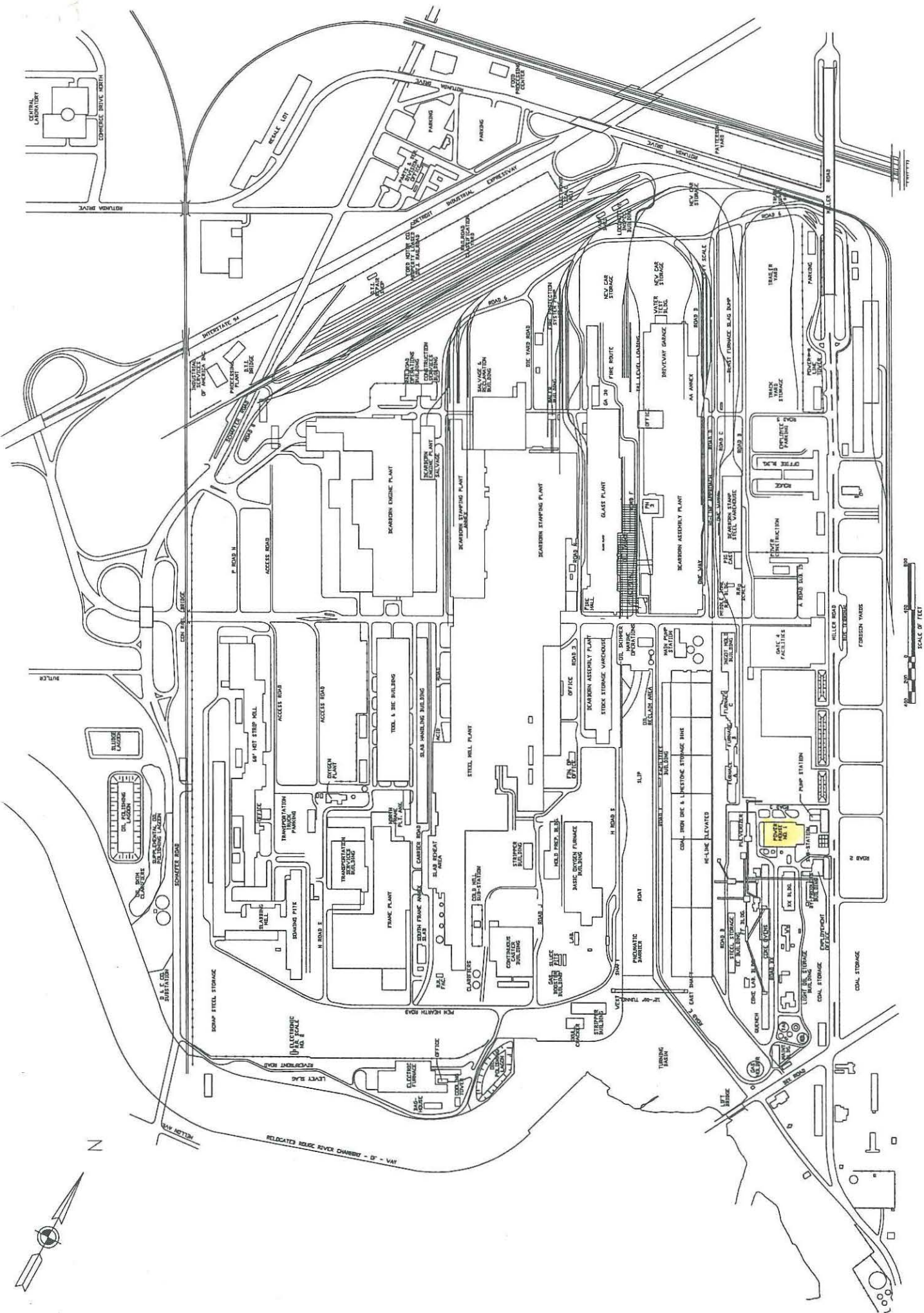
Mail to: Asbestos Coord. DNR, AQD
Town Center, Ste. B, #200
333 S. Capitol
Lansing, MI 48933

NESHAP Projects in Wayne Co.:
Wayne Co. Health Dept., APCD
640 Temple, Suite 700
Detroit, MI 48201

U.S. EPA, Region 5
AND AT-18J, Asbestos Coord.
77 W. Jackson Blvd.
Chicago, IL 60604

**Sec. 220(1-4) or (8),
Public Act 135 of
1986, as amended**

Mail to: MDPH, DOH-ASBESTOS PROGRAM.
3423 N. Logan/Martin L. King Jr. Blvd.
P.O. Box 30195
Lansing, MI 48909 (517) 335-9482





RECEIVED

JAN 30 1995

AIR TOXICS AND RADIATION
BRANCH
U.S. EPA, REGION V

Technical and Transportation Services
Environmental Services

Ford Motor Company
3001 Miller Road, 106 CSB
Dearborn, Michigan 48121

January 26, 1995

U.S. EPA, Region 5
AT-18J, Asbestos Coordinator
77 W. Jackson Blvd.
Chicago, IL 60604

Subject: Notification of Intent to Remove Asbestos During a Renovation Project.

We are providing information related to the removal of asbestos during renovation at the Dearborn Glass Plant located in the Ford Motor Company, Rouge Manufacturing Complex, at 3001 Miller Rd, Dearborn, Michigan.

If you have any questions or require further information, please contact me at (313) 323-0883.

Joseph D. Preece
Joseph D. Preece

copy to: Wayne County Health Department
Air Pollution Control Division
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DNR/MDPH USE ONLY

Postmark Date: _____ Rec'd Date: _____
☐ OK ☐ Send Def Ltr. Date Def Ltr. Sent: _____
 FOLLOW UP: ____/____/____ Spoke w/: _____
 Comments: _____

Notific. No.: _____ Trans. No.: _____

Calculate MDPH Asbestos Project Fee:

_____ x 0.01 = _____
 (Total Project Cost) (1% Project Fee)

Contractor License Numbers:

Asbestos Abatement: _____ Building: _____
 Electrical: _____ Plumbing: _____
 Mechanical: _____
 Licensing Authority: _____

1. NOTIFICATION

Date of Notification: January 25, 1995
 Date of Revision(s): N/A
 Notification Type: ☒ Original ☐ Revised ☐ Cancelled ☐ Annual

Please check all that apply:

MDPH

- ☒ Demo, Reno, Encap. (>10 Ln. ft/15 Sq. ft) 10-day notice
☐ Emergency Renovation/Encapsulation
 NESHAP (DNR/U.S.EPA)
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☐ Scheduled Demolition above cutoff - 10 working days notice
☐ Scheduled Demolition below cutoff - 10 working days notice
☐ Ordered Demolition

2. PROJECT SCHEDULE

* Renovation: Start Date: January 26, 1995
 End Date: February 11, 1995
 + Asb. Removal: Start Date: February 11, 1995
 End Date: February 12, 1995
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 End Date: _____
 Encapsulation: Start Date: _____
 End Date: _____

* Includes setup, building containment, etc., but not removing asbestos

Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

Days of the Week _____ Work Hours _____

Asb. Removal: Feb. 11-12, 1995 - 6:00 am - 6:00 pm

Demolition: _____

Encapsulation: _____

+ ☐ Check here if this is a multi-phased project. Be sure to attach a schedule showing the start and end dates of each phase and indicate if it is for asbestos removal, demolition, etc.

10. IS ASBESTOS PRESENT? Yes ☒ No ☐

Estimate the amount of asbestos: Include Regulated Asbestos Containing Material (RACM) to be removed, disturbed, and/or encapsulated, etc. Also include in the right hand two columns below the amount of non-friable Cat. I and/or Cat. II ACM that will not be removed prior to demolition.

RACM to be Removed	RACM to be Encapsulated	Non-friable ACM not removed before Demo.		Unit of Measure
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				<input type="checkbox"/> Ln. Ft. <input type="checkbox"/> Ln. M.
728				<input checked="" type="checkbox"/> Sq. Ft. <input type="checkbox"/> Sq. M.
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* Volume (cubic feet/cubic meter) should be used only if unable to measure by linear or square measure (ex: if asbestos has fallen off surfaces).

3. ABATEMENT CONTRACTOR

Internal Proj. No. _____

Name: Ford Motor Company
 Mailing Address: 3001 Miller Rd., 106 CSB
 City/State/Zip: Dearborn, Michigan 48121
 Contact: W. Bryant Phone: (313) 322-5822

4. DEMOLITION CONTRACTOR

Internal Proj. No. _____

Name: N/A
 Mailing Address: _____
 City/State/Zip: _____
 Contact: _____ Phone: () _____

5. FACILITY OWNER

Internal Proj. No. _____

Name: Ford Motor Company
 Mailing Address: 3001 Miller Rd.
 City/State/Zip: Dearborn, Michigan 48121
 Contact: W. Bryant Phone: (313) 322-5822

6. FACILITY DESCRIPTION

Facility Name (or Number): Dearborn Glass Plant
 Location Address: 3001 Miller Rd.
 Nearest Major Crossroad: Road 4
 City: Dearborn County: Wayne State: MI
 Size: (sq. ft.) 900,000 No. of Floors: 2 Floor No.: 1st
 Age: 70 Present Use: Windshields or Use: N/A
 Specific Location(s) Within Facility: Lehr, located on 1st floor between columns A18-A25.

7. DISPOSAL SITE

Name: Allen Park Clay Mine Landfill
 Location Address: 17005 Oakwood Blvd.
 City/State/Zip: Allen Park, MI 48101

8. WASTE TRANSPORTER 1

WASTE TRANS. 2

Name: Rouge Transportation Svcs (Ford)
 Address: 3001 Miller Rd.
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 Phone: (313) 338-1700 F. Fuller

9. ORDERED DEMOLITIONS: (See guidelines, obtainable by contacting DNR or WCAPCD at the addresses listed on the reverse side, for NESHAP definition of "Ordered Demolition." A copy of the order must accompany this notification.) Include the following information:

Gov't Agency Ordering Demo: N/A

Name/Title of Person Signing Order: _____

Date of Order: _____ Date Ordered to Begin: _____

(continued on reverse side)

NOTIFICATION OF INTENT TO RENOVATE OR DEMOLISH (continued)

11. PROJECT DESCRIPTION

a) Renovation: Indicate the surfaces RACM will be removed from.

- ☐ Piping ☐ Fittings ☐ Boiler(s) ☐ Tank(s)
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)

☒ Other: (describe) Non-friable asbestos is contained in the mortar, between bricks of Lehr.

Encapsulation (for MDPH): Indicate surfaces to be encapsulated:

- ☐ Piping ☐ Fittings ☐ Boiler(s) ☐ Tank(s)
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)
☐ Other: (describe) _____

b) Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.):

Wet methods in conjunction with a full negative pressure containment will be used to bag rows of bricks which will be placed on pellets for transportation to Allen Park Clay Mine Landfill.

c) Demolition: Describe method of demolition and indicate if complete or partial demolition (If partial, describe which part will be demolished.)

N/A

12. ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal and until proper disposal:

Same as no. 11.b above. Air monitoring will be performed in accordance with OSHA and NESHAP regulations.

13. UNEXPECTED ASBESTOS: Describe procedures that will be followed in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated:

Approved asbestos abatement procedures will be performed; including, notification, bulk sampling and lab analysis, wet methods and full negative pressure containment, clean-up and air monitoring.

14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method:

A recent building survey identified said mortar as containing asbestos. Any questionable material will be treated as though it contained asbestos unless subsequent sampling and analysis results prove otherwise.

15. EMERGENCY RENOVATIONS: Date and hour of the emergency: N/A

Description of the sudden, unexpected event: _____

Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden: _____

16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.

W. Bryant
Signature of Owner or Abatement Contractor

1/26/95
Date

W. Bryant
Signature of Owner or Demolition Contractor

1/26/95
Date

17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by Michigan Dept. of Public Health)

Per section 221(1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.

W. Bryant
Signature of Building Owner or Lessee

W. Bryant
Signature of Asbestos Abatement Contractor Representative

NOTE: For affected projects, this section on the notification form must be signed when the project notification form is submitted to MDPH.

MAILING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.)

**NESHAP,
40 CFR, Part 61,
Subpart M**

Mail to: Asbestos Coord. DNR, AQD
Town Center, Ste. B, #200
333 S. Capitol
Lansing, MI 48933

OR

NESHAP Projects in Wayne Co.:
Wayne Co. Health Dept., APCD
640 Temple, Suite 700
Detroit, MI 48201

AND

U.S. EPA, Region 5
AT-18J, Asbestos Coord.
77 W. Jackson Blvd.
Chicago, IL 60604

**Sec. 220(1-4) or (8),
Public Act 135 of
1986, as amended**

Mail to: MDPH, DOH-ASBESTOS PROGRAM.
3423 N. Logan/Martin L. King Jr. Blvd.
P.O. Box 30195
Lansing, MI 48909 (517) 335-9482



Vehicle Operations

Technical & Transportation Services
Power and Utility Operations
3001 Miller Road
Dearborn, Michigan 48121

April 12, 1995

RECEIVED

APR 17 1995

AIR TOXICS AND RADIATION
BRANCH
U.S. EPA, REGION V

U.S. EPA, Region 5
AT-18J, Asbestos Coordinator
77 W. Jackson Blvd.
Chicago, Illinois 60604

Subject: Notification of Intent to Remove Asbestos During a Renovation Project

We are providing information related to the removal of asbestos during a renovation project at the Powerhouse in the Ford Motor Company Rouge Manufacturing Complex at 3001 Miller Road, Dearborn, Michigan.

If you have any questions or require further information, please contact me at (313) 322-9016.

Kevin C. Bollen
Environmental Control Engineer

copy to: Wayne County Health Dept., APCD
640 Temple, Suite 700
Detroit, MI 48201

MDPH - Asbestos Program
3423 N. Logan/Martin L. King Jr. Blvd.
P.O. Box 30195
Lansing, MI 48909

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH

MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY
DIV., NESHAAP, 40 CFR Part 61, Subpart M
(\$25,000 penalty per day per violation for failure to comply)

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM
P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

<p>DNR/MDPH USE ONLY</p> <p>Postmark Date: _____ Rec'd Date: _____</p> <p><input type="checkbox"/> Ok <input type="checkbox"/> Send Def Ltr. Date Def Ltr. Sent: _____</p> <p>FOLLOW UP: ____/____/____ Spoke w/: _____</p> <p>Comments: _____</p> <p>_____ _____ _____</p> <p>Notific. No.: _____ Trans. No.: _____</p>	<p>3. ABATEMENT CONTRACTOR Internal Proj. No. _____</p> <p>Name: <u>Ford Motor Co. - Power & Utility Ops.</u></p> <p>Mailing Address: <u>3001 Miller Rd.</u></p> <p>City/State/Zip: <u>Dearborn, MI 48121</u></p> <p>Contact: <u>K. Bollen Rm 410</u> Phone: (313) <u>322-9016</u></p>																									
<p>Calculate MDPH Asbestos Project Fee:</p> <p>_____ x 0.01 = _____</p> <p>(Total Project Cost) (1% Project Fee)</p> <p>Contractor License Numbers:</p> <p>Asbestos Abatement: _____ Building: _____</p> <p>Electrical: _____ Plumbing: _____</p> <p>Mechanical: _____</p> <p>Licensing Authority: _____</p>	<p>4. DEMOLITION CONTRACTOR Internal Proj. No. _____</p> <p>Name: _____</p> <p>Mailing Address: _____</p> <p>City/State/Zip: _____</p> <p>Contact: _____ Phone: () _____</p>																									
<p>1. NOTIFICATION</p> <p>Date of Notification: <u>4/12/95</u></p> <p>Date of Revision(s): _____</p> <p>Notification Type: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Cancelled <input type="checkbox"/> Annual</p> <p><u>Please check all that apply:</u></p> <p>MDPH</p> <p><input checked="" type="checkbox"/> Demo, Reno, Encap. (>10 Ln. ft/15 Sq. ft) 10-day notice</p> <p><input type="checkbox"/> Emergency Renovation/Encapsulation</p> <p>NESHAAP (DNR/U.S.EPA)</p> <p><input checked="" type="checkbox"/> Planned Renovation 10 working days notice</p> <p><input type="checkbox"/> Emergency Renovation</p> <p><input type="checkbox"/> Scheduled Demolition above cutoff - 10 working days notice</p> <p><input type="checkbox"/> Scheduled Demolition below cutoff - 10 working days notice</p> <p><input type="checkbox"/> Ordered Demolition</p>	<p>5. FACILITY OWNER Internal Proj. No. _____</p> <p>Name: <u>Ford Motor Co. - Power & Utility Ops.</u></p> <p>Mailing Address: <u>3001 Miller Rd.</u></p> <p>City/State/Zip: <u>Dearborn, MI 48121</u></p> <p>Contact: <u>K. Bollen Rm 410</u> Phone: (313) <u>322-9016</u></p>																									
<p>2. PROJECT SCHEDULE</p> <p>* Renovation: Start Date: <u>4/17/95</u> End Date: <u>5/1/95</u></p> <p>+ Asb. Removal: Start Date: <u>5/1/95</u> End Date: <u>5/21/95</u></p> <p>+ Demolition: Start Date: _____ End Date: _____</p> <p>Encapsulation: Start Date: _____ End Date: _____</p> <p>* Includes setup, building containment, etc., but <u>not</u> removing asbestos</p> <p>Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.</p> <table style="width: 100%;"> <tr> <th></th> <th>Days of the Week</th> <th>Work Hours</th> </tr> <tr> <td>Asb. Removal:</td> <td><u>M - F</u></td> <td><u>0700 - 15:30</u></td> </tr> <tr> <td>Demolition:</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Encapsulation:</td> <td>_____</td> <td>_____</td> </tr> </table> <p>+ <input type="checkbox"/> Check here if this is a multi-phased project. Be sure to attach a schedule showing the start and end dates of <u>each</u> phase and indicate if it is for asbestos removal, demolition, etc.</p>		Days of the Week	Work Hours	Asb. Removal:	<u>M - F</u>	<u>0700 - 15:30</u>	Demolition:	_____	_____	Encapsulation:	_____	_____	<p>6. FACILITY DESCRIPTION</p> <p>Facility Name (or Number): <u>Powerhouse No. 1</u></p> <p>Location Address: <u>3001 Miller Rd.</u></p> <p>Nearest Major Crossroad: <u>Miller & Dix</u></p> <p>City: <u>Dearborn</u> County: <u>Wayne</u> State: <u>MI</u></p> <p>Size: (sq. ft.) <u>282,000</u> No. of Floors: <u>7</u> Floor No.: _____</p> <p>Age: <u>75 yrs</u> Present Use: <u>Powerhouse</u> Prior Use: <u>Powerhouse</u></p> <p>Specific Location(s) Within Facility: <u>#1's 5, 6, 7, & 8</u></p> <p><u>Zeolite tanks in southwest corner of building</u></p>													
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Encapsulation:	_____	_____																								
<p>7. DISPOSAL SITE</p> <p>Name: <u>Ford Allen Park Clay Mine Landfill</u></p> <p>Location Address: <u>17005 Oakwood Blvd.</u></p> <p>City/State/Zip: <u>Dearborn, MI 48101</u></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">8. WASTE TRANSPORTER 1</th> <th style="width: 50%;">WASTE TRANS. 2</th> </tr> <tr> <td>Name: <u>Ford Trans. Svcs.</u></td> <td></td> </tr> <tr> <td>Address: <u>3001 Miller Rd.</u></td> <td></td> </tr> <tr> <td>City/State/Zip: <u>Dearborn, MI 48121</u></td> <td></td> </tr> <tr> <td>Phone: (313) <u>845-5730</u></td> <td>() _____</td> </tr> </table>	8. WASTE TRANSPORTER 1	WASTE TRANS. 2	Name: <u>Ford Trans. Svcs.</u>		Address: <u>3001 Miller Rd.</u>		City/State/Zip: <u>Dearborn, MI 48121</u>		Phone: (313) <u>845-5730</u>	() _____															
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<p>10. IS ASBESTOS PRESENT? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Estimate the amount of asbestos: Include Regulated Asbestos Containing Material (RACM) to be removed, disturbed, and/or encapsulated, etc. Also include in the right hand two columns below the amount of non-friable Cat. I and/or Cat. II ACM that <u>will not</u> be removed prior to demolition.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">RACM to be Removed</th> <th style="width: 25%;">RACM to be Encapsulated</th> <th colspan="2" style="width: 40%;">Non-friable ACM not removed before Demo.</th> <th style="width: 10%;">Unit of Measure</th> </tr> <tr> <td></td> <td></td> <th style="width: 20%;">Category I</th> <th style="width: 20%;">Category II</th> <td></td> </tr> <tr> <td><u>2,500</u></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Ln. Ft. <input type="checkbox"/> Ln. M.</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input checked="" type="checkbox"/> Sq. Ft. <input type="checkbox"/> Sq. M.</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Cu. Ft* <input type="checkbox"/> Cu. M.*</td> </tr> </table>	RACM to be Removed	RACM to be Encapsulated	Non-friable ACM not removed before Demo.		Unit of Measure			Category I	Category II		<u>2,500</u>				<input type="checkbox"/> Ln. Ft. <input type="checkbox"/> Ln. M.					<input checked="" type="checkbox"/> Sq. Ft. <input type="checkbox"/> Sq. M.					<input type="checkbox"/> Cu. Ft* <input type="checkbox"/> Cu. M.*	<p>9. ORDERED DEMOLITIONS: (See guidelines, obtainable by contacting DNR or WCAPCD at the addresses listed on the reverse side, for NESHAAP definition of "Ordered Demolition." A copy of the order must accompany this notification.) Include the following information:</p> <p>Gov't Agency Ordering Demo: _____</p> <p>Name/Title of Person Signing Order: _____</p> <p>Date of Order: _____ Date Ordered to Begin: _____</p>
RACM to be Removed	RACM to be Encapsulated	Non-friable ACM not removed before Demo.		Unit of Measure																						
		Category I	Category II																							
<u>2,500</u>				<input type="checkbox"/> Ln. Ft. <input type="checkbox"/> Ln. M.																						
				<input checked="" type="checkbox"/> Sq. Ft. <input type="checkbox"/> Sq. M.																						
				<input type="checkbox"/> Cu. Ft* <input type="checkbox"/> Cu. M.*																						

* Volume (cubic feet/cubic meter) should be used only if unable to measure by linear or square measure (ex: if asbestos has fallen off surfaces).

(continued on reverse side)

NOTIFICATION OF INTENT TO RENOVATE OR DEMOLISH (continued)

11. PROJECT DESCRIPTION

a) Renovation: Indicate the surfaces RACM will be removed from.

- ☐ Piping ☐ Fittings ☐ Boiler(s) ☒ Tank(s)
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)
☐ Other: (describe) _____

Encapsulation (for MDPH): Indicate surfaces to be encapsulated:

- ☐ Piping ☐ Fittings ☐ Boiler(s) ☐ Tank(s)
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)
☐ Other: (describe) _____

b) Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.):

Scrape with hand tools, cut in sections with hand tools and carefully lower, wet wipe and vacuum contaminated surfaces.

c) Demolition: Describe method of demolition and indicate if complete or partial demolition (If partial, describe which part will be demolished.)

12. **ENGINEERING CONTROLS:** Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal and until proper disposal: Wet methods in conjunction with a full negative pressure containment will be used. Adequately wet material to prevent visible emissions and place wet material in leaktight containers that will remain leaktight until landfilled.

13. **UNEXPECTED ASBESTOS:** Describe procedures that will be followed in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated: See Section 12. Appropriate agencies will be re-notified if the amount of unexpected asbestos found is at least 20% different than previously reported.

14. **PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS:** Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method: A recent building survey was conducted and all suspect materials were tested using the polarized light microscopy method, material is assumed to contain asbestos and is considered to be RACM.

15. **EMERGENCY RENOVATIONS:** Date and hour of the emergency: _____

Description of the sudden, unexpected event: _____

Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden: _____

16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.



Signature of Owner or Abatement Contractor

4/12/95

Date

Signature of Owner or Demolition Contractor

Date

17. **Signature Requirements for Projects with Negative Pressure Enclosures:** (required by Michigan Dept. of Public Health)

Per section 221(1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.



Signature of Building Owner or Lessee

Signature of Asbestos Abatement Contractor Representative

NOTE: For affected projects, this section on the notification form must be signed when the project notification form is submitted to MDPH.

MAILING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.)

**NESHAP,
40 CFR, Part 61,
Subpart M**

Mail to: Asbestos Coord. DNR, AQD
Town Center, Ste. B, #200
333 S. Capitol
Lansing, MI 48933

NESHAP Projects in Wayne Co.:
Wayne Co. Health Dept., APCD
640 Temple, Suite 700
Detroit, MI 48201

U.S. EPA, Region 5
AND AT-18J, Asbestos Coord.
77 W. Jackson Blvd.
Chicago, IL 60604

**Sec. 220(1-4) or (8),
Public Act 135 of
1986, as amended**

Mail to: MDPH, DOH-ASBESTOS PROGRAM.
3423 N. Logan/Martin L. King Jr. Blvd.
P.O. Box 30195
Lansing, MI 48909

(517) 335-9482



Vehicle Operations

Technical & Transportation Services
Power and Utility Operations
3001 Miller Road
Dearborn, Michigan 48121



March 15, 1995

U.S. EPA, Region 5
AT-18J, Asbestos Coordinator
77 W. Jackson Blvd.
Chicago, Illinois 60604

AIR TOXICS AND RADIATION
SEARCH
U.S. EPA. REGION V

Subject: Notification of Intent to Remove Asbestos During a Renovation Project

We are providing information related to the revision of a notice for the removal of asbestos during a renovation project at the Powerhouse in the Ford Motor Company Rouge Manufacturing Complex at 3001 Miller Road, Dearborn, Michigan, originally submitted on March 3, 1995.

If you have any questions or require further information, please contact me at (313) 322-9016.

Kevin C. Bollen
Environmental Control Engineer

copy to: Wayne County Health Dept., APCD
640 Temple, Suite 700
Detroit, MI 48201

MDPH - Asbestos Program
3423 N. Logan/Martin L. King Jr. Blvd.
P.O. Box 30195
Lansing, MI 48909

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH

MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY
DIV., NESHAP, 40 CFR Part 61, Subpart M
(\$25,000 penalty per day per violation for failure to comply)

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM
P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

DNR/MDPH USE ONLY

Postmark Date _____

Rec'd Date: _____

☐ Ok ☐ Send Def Ltr.

Date Def Ltr Sent: _____

FOLLOW UP: ____/____/____

Spoke w/ _____

Comments _____

Notific. No.: _____

Trans. No.: _____

Calculate MDPH Asbestos Project Fee:

____ x 0.01 = _____
(Total Project Cost) (1% Project Fee)

Contractor License Numbers:

Asbestos Abatement: _____ Building: _____
Electrical: _____ Plumbing: _____
Mechanical: _____

Licensing Authority: _____

1. NOTIFICATION

Date of Notification: 3/3/95

Date of Revision(s): 3/15/95

Notification Type: ☒ Original ☒ Revised ☐ Cancelled ☐ Annual

Please check all that apply:

MDPH

☒ Demo, Reno, Encap. (>10 Ln. ft/15 Sq. ft) 10-day notice

☐ Emergency Renovation/Encapsulation

NESHAP (DNR/U.S.EPA)

☒ Planned Renovation 10 working days notice

☐ Emergency Renovation

☐ Scheduled Demolition above cutoff- 10 working days notice

☐ Scheduled Demolition below cutoff - 10 working days notice

☐ Ordered Demolition

2. PROJECT SCHEDULE

* Renovation.	Start Date: <u>3/20/95</u>	<u>3/28/95</u>
	End Date: <u>4/21/95</u>	<u>4/28/95</u>
+ Asb. Removal.	Start Date: <u>3/20/95</u>	<u>3/27/95</u>
	End Date: <u>4/21/95</u>	<u>4/28/95</u>
+ Demolition:	Start Date: _____	_____
	End Date: _____	_____
Encapsulation:	Start Date: _____	_____
	End Date: _____	_____

* Includes setup, building containment, etc., but not removing asbestos

Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

	Days of the Week	Work Hours
Asb. Removal:	<u>M - F</u>	<u>7:00 - 4:00</u>
Demolition:	_____	_____
Encapsulation:	_____	_____

+ ☐ Check here if this is a multi-phased project. Be sure to attach a schedule showing the start and end dates of each phase and indicate if it is for asbestos removal, demolition, etc.

10. IS ASBESTOS PRESENT?

Yes ☒ No ☐

Estimate the amount of asbestos: Include Regulated Asbestos Containing Material (RACM) to be removed, disturbed, and/or encapsulated, etc. Also include in the right hand two columns below the amount of non-friable Cat. I and/or Cat. II ACM that will not be removed prior to demolition.

RACM to be Removed	RACM to be Encapsulated	Non-friable ACM not removed before Demo.		Unit of Measure
		Category I	Category II	
350				<input type="checkbox"/> Ln. Ft. <input type="checkbox"/> Ln. M.
				<input checked="" type="checkbox"/> Sq. Ft. <input type="checkbox"/> Sq. M.
				<input type="checkbox"/> Cu. Ft. <input type="checkbox"/> Cu. M.*

* Volume (cubic feet/cubic meter) should be used only if unable to measure by linear or square measure (ex: if asbestos has fallen off surfaces).

3. ABATEMENT CONTRACTOR

Internal Proj. No. _____

Name: Ford Motor Co. - Power & Utility Ops.

Mailing Address: 3001 Miller Rd.

City/State/Zip: Dearborn, MI 48121

Contact: K. Bollen Rm 410 Phone: (313) 322-9016

4. DEMOLITION CONTRACTOR

Internal Proj. No. _____

Name: _____

Mailing Address: _____

City/State/Zip: _____

Contact: _____ Phone: () _____

5. FACILITY OWNER

Internal Proj. No. _____

Name: Ford Motor Co. - Power & Utility Ops.

Mailing Address: 3001 Miller Rd.

City/State/Zip: Dearborn, MI 48121

Contact: K. Bollen Rm 410 Phone: (313) 322-9016

6. FACILITY DESCRIPTION

Facility Name (or Number): Powerhouse No. 1

Location Address: 3001 Miller Rd.

See Attached Map

Nearest Major Crossroad: Miller & Dix

City: Dearborn County: Wayne State: MI

Size: (sq. ft.) 282,000 No. of Floors: 7 Floor No.: 3rd

Age: 75 yrs Present Use: Powerhouse Prior Use: Powerhouse

Specific Location(s) Within Facility: Boiler #1 Drum area & Adjoining wall tubes on west wall

7. DISPOSAL SITE

Name: Ford Allen Park Clay Mine Landfill

Location Address: 17005 Oakwood Blvd.

City/State/Zip: Dearborn, MI 48101

8. WASTE TRANSPORTER 1

WASTE TRANS. 2

Name: Ford Trans. Svcs.

Address: 3001 Miller Rd.

City/State/Zip: Dearborn, MI 48121

Phone: () _____ () _____

9. ORDERED DEMOLITIONS: (See guidelines, obtainable by contacting DNR or WCAPCD at the addresses listed on the reverse side, for NESHAP definition of "Ordered Demolition." A copy of the order must accompany this notification.) Include the following information:

Gov't Agency Ordering Demo: _____

Name/Title of Person Signing Order: _____

Date of Order: _____ Date Ordered to Begin: _____

NOTIFICATION OF INTENT TO RENOVATE OR DEMOLISH (continued)

11. PROJECT DESCRIPTION

a) Renovation: Indicate the surfaces RACM will be removed from.

☒ Piping ☐ Fittings ☒ Boiler(s) ☐ Tank(s)
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)
☐ Other (describe) _____

Encapsulation (for MDPH): Indicate surfaces to be encapsulated:

☐ Piping ☐ Fittings ☐ Boiler(s) ☐ Tank(s)
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15. EMERGENCY RENOVATIONS: Date and hour of the emergency: _____

Description of the sudden, unexpected event: _____

Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden: _____

16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.



3/13/95

Signature of Owner or Abatement Contractor

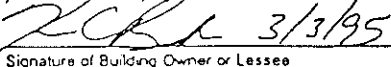
Date

Signature of Owner or Demolition Contractor

Date

17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by Michigan Dept. of Public Health)

Per section 221 (1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.



Signature of Building Owner or Lessee

Signature of Asbestos Abatement Contractor Representative

NOTE: For affected projects, this section on the notification form must be signed when the project notification form is submitted to MDPH.

MAILING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.)

NESHAP,
40 CFR, Part 61,
Subpart M

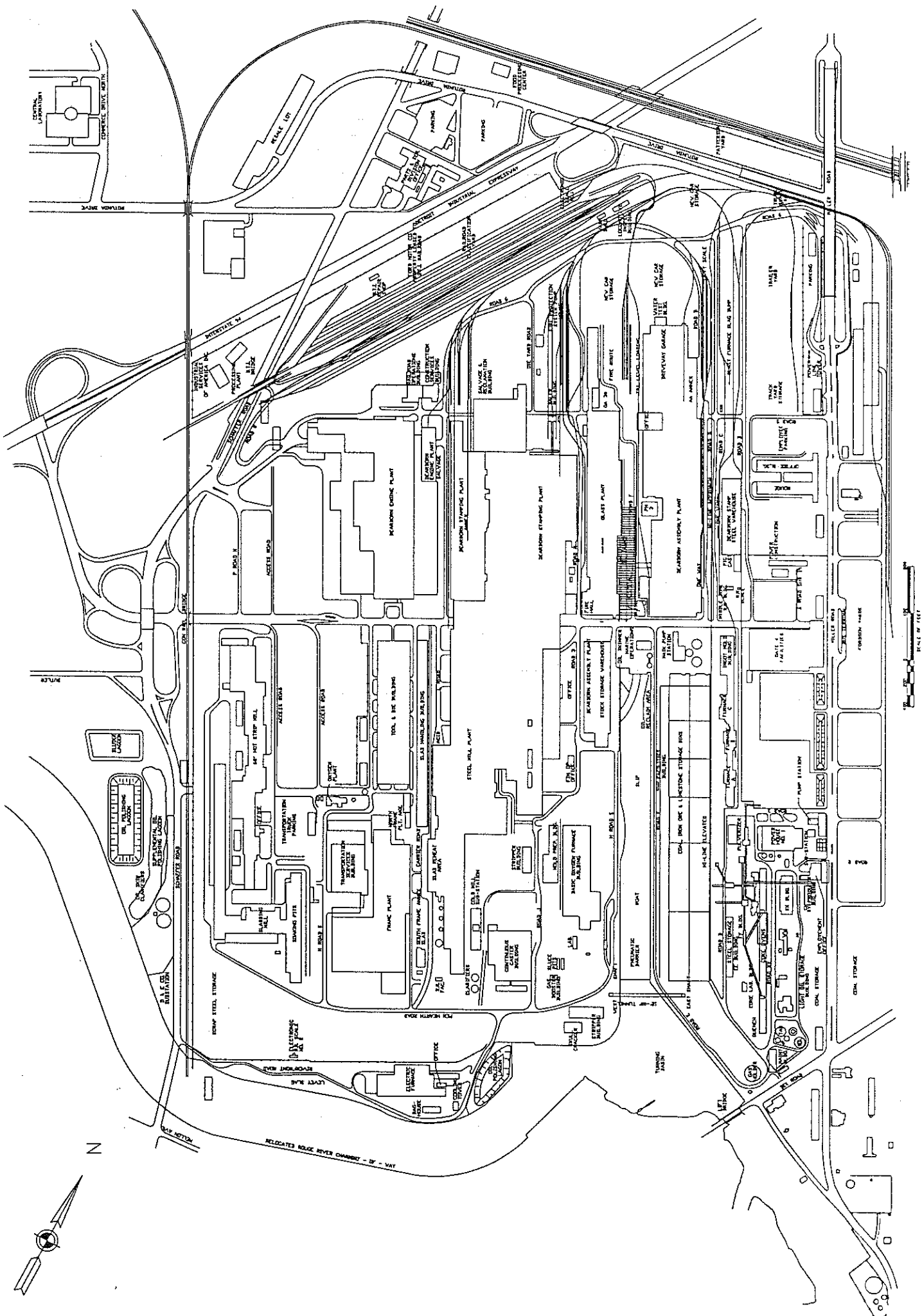
Mail to: Asbestos Coord. DNR, AQD
Town Center, Ste. B, #200
333 S. Capitol
Lansing, MI 48933

NESHAP Projects In Wayne Co.:
Wayne Co. Health Dept., APCD
640 Temple, Suite 700
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U.S. EPA, Region 5
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77 W. Jackson Blvd.
Chicago, IL 60604

Sec. 220(1-4) or (8),
Public Act 135 of
1986, as amended

Mail to: MDPH, DOH-ASBESTOS PROGRAM,
3423 N. Logan/Martin L. King Jr. Blvd.
P.O. Box 30185





Vehicle Operations

RECEIVED
APR 11 1995
AIR TOXICS AND RADIATION
BRANCH
U.S. EPA, REGION V

Technical & Transportation Services
Power and Utility Operations
3001 Miller Road
Dearborn, Michigan 48121

April 7, 1995

U.S. EPA, Region 5
AT-18J, Asbestos Coordinator
77 W. Jackson Blvd.
Chicago, Illinois 60604

Subject: Notification of Intent to Remove Asbestos During a Renovation Project

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Kevin C. Bollen
Environmental Control Engineer

copy to: Wayne County Health Dept., APCD
640 Temple, Suite 700
Detroit, MI 48201

MDPH - Asbestos Program
3423 N. Logan/Martin L. King Jr. Blvd.
P.O. Box 30195
Lansing, MI 48909

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH

MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY
DIV., NESHAP, 43 CFR Part 61, Subpart M
(\$25,000 penalty per day per violation for failure to comply)

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM
P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

DNR/MDPHUSE ONLY

Postmark Date: _____ Rec'd Date: _____
☐ Ok ☐ Send Def Ltr. Date Def Ltr. Sent: _____
 FOLLOW UP: ____/____/____ Spoke w/: _____
 Comments: _____

Notific. No.: _____ Trans. No.: _____

Calculate MDPH Asbestos Project Fee:

_____ x 0.01 = _____
 (Total Project Cost) (1% Project Fee)

Contractor License Numbers:

Asbestos Abatement: _____ Building: _____
 Electrical: _____ Plumbing: _____
 Mechanical: _____
 Licensing Authority: _____

1. NOTIFICATION

Date of Notification: 3/3/95
 Date of Revision(s): 3/15/95 4/7/95
 Notification Type: ☒ Original ☒ Revised ☐ Cancelled ☐ Annual

Please check all that apply:

- MDPH
☒ Demo, Reno, Encap. (>10 Ln. ft/15 Sq. ft) 10-day notice
☐ Emergency Renovation/Encapsulation
 NESHAP (DNR/US EPA)
☒ Planned Renovation 10 working days notice
☐ Emergency Renovation
☐ Scheduled Demolition above cutoff - 10 working days notice
☐ Scheduled Demolition below cutoff - 10 working days notice
☐ Ordered Demolition

2. PROJECT SCHEDULE

* Renovation. Start Date: 3/20/95 3/28/95
 End Date: 4/21/95 4/28/95
 + Asb. Removal. Start Date: 3/20/95 3/27/95 5/24/95
 End Date: 4/21/95 4/28/95 6/16/95
 + Demolition: Start Date: _____
 End Date: _____
 Encapsulation: Start Date: _____
 End Date: _____

* Includes setup, building containment, etc., but not removing asbestos

Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.

	Days of the Week	Work Hours
Asb. Removal:	<u>M - F</u>	<u>7:00 - 4:00</u>
Demolition:		
Encapsulation:		

+ ☐ Check here if this is a multi-phased project. Be sure to attach a schedule showing the start and end dates of each phase and indicate if it is for asbestos removal, demolition, etc.

10. IS ASBESTOS PRESENT?

Yes ☒ No ☐

Estimate the amount of asbestos: Include Regulated Asbestos Containing Material (RACM) to be removed, disturbed, and/or encapsulated, etc. Also include in the right hand two columns below the amount of non-friable Cat. I and/or Cat. II ACM that will not be removed prior to demolition.

RACM to be Removed	RACM to be Encapsulated	Non-friable ACM not removed before Demo.		Unit of Measure
		Category I	Category II	
350				<input type="checkbox"/> Ln. Ft. <input type="checkbox"/> Ln. M.
				<input checked="" type="checkbox"/> Sq. Ft. <input type="checkbox"/> Sq. M.
				<input type="checkbox"/> Cu. Ft. <input type="checkbox"/> Cu. M.*

* Volume (cubic feet/cubic meter) should be used only if unable to measure by linear or square measure (ex: if asbestos has fallen off surfaces).

3. ABATEMENT CONTRACTOR

Internal Proj. No. _____

Name: Ford Motor Co. - Power & Utility Ops.
 Mailing Address: 3001 Miller Rd.
 City/State/Zip: Dearborn, MI 48121
 Contact: K. Bollen Rm 410 Phone: (313) 322-9016

4. DEMOLITION CONTRACTOR

Internal Proj. No. _____

Name: _____
 Mailing Address: _____
 City/State/Zip: _____
 Contact: _____ Phone: () _____

5. FACILITY OWNER

Internal Proj. No. _____

Name: Ford Motor Co. - Power & Utility Ops.
 Mailing Address: 3001 Miller Rd.
 City/State/Zip: Dearborn, MI 48121
 Contact: K. Bollen Rm 410 Phone: (313) 322-9016

6. FACILITY DESCRIPTION

Facility Name (or Number): Powerhouse No. 1
 Location Address: 3001 Miller Rd.
See Attached Map
 Nearest Major Crossroad: Miller & Dix
 City: Dearborn County: Wayne State: MI
 Size: (sq. ft.) 282,000 No. of Floors: 7 Floor No.: 3rd
 Age: 75 yrs Present Use: Powerhouse Prior Use: Powerhouse
 Specific Location(s) Within Facility: Boiler #1 Drum area
& Adjoining wall tubes on west wall

7. DISPOSAL SITE

Name: Ford Allen Park Clay Mine Landfill
 Location Address: 17005 Oakwood Blvd.
 City/State/Zip: Dearborn, MI 48101

8. WASTE TRANSPORTER 1

WASTE TRANS. 2

Name: Ford Trans. Svcs.
 Address: 3001 Miller Rd.
 City/State/Zip: Dearborn, MI 48121
 Phone: () _____ () _____

9. ORDERED DEMOLITIONS: (See guidelines, obtainable by contacting DNR or WCAPCD at the addresses listed on the reverse side, for NESHAP definition of "Ordered Demolition." A copy of the order must accompany this notification.) Include the following information:

Gov't Agency Ordering Demo: _____
 Name/Title of Person Signing Order: _____
 Date of Order: _____ Date Ordered to Begin: _____

NOTIFICATION OF INTENT TO RENOVATE OR DEMOLISH (continued)

11. PROJECT DESCRIPTION

a) Renovation: Indicate the surfaces RACM will be removed from.

☒ Piping ☐ Fittings ☒ Boiler(s) ☐ Tank(s)
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)
☐ Other (describe) _____

Encapsulation (for MDPH): Indicate surfaces to be encapsulated:

☐ Piping ☐ Fittings ☐ Boiler(s) ☐ Tank(s)
☐ Beam(s) ☐ Duct(s) ☐ Tunnel(s) ☐ Ceiling Tile(s)
☐ Other (describe) _____

b) Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.): Scrape with hand tools, cut in sections with hand tools and carefully lower, wet wipe and vacuum contaminated surfaces.

c) Demolition: Describe method of demolition and indicate if complete or partial demolition (If partial, describe which part will be demolished.)

12. ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal and until proper disposal: Wet methods in conjunction with a full negative pressure containment will be used. Adequately wet material to prevent visible emissions and place wet material in leaktight containers that will remain leaktight until landfilled.

13. UNEXPECTED ASBESTOS: Describe procedures that will be followed in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therefore regulated: See Section 12. Appropriate agencies will be re-notified if the amount of unexpected asbestos found is at least 20% different than previously reported.

14. PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method: A recent building survey was conducted and all suspect materials were tested using the polarized light microscopy method, material is assumed to contain asbestos and is considered to be RACM.

15. EMERGENCY RENOVATIONS: Date and hour of the emergency: _____

Description of the sudden, unexpected event: _____

Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden: _____

16. I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.

[Signature] 3/13/95
 Signature of Owner or Abatement Contractor Date

 Signature of Owner or Demolition Contractor

 Date

17. Signature Requirements for Projects with Negative Pressure Enclosures: (required by Michigan Dept. of Public Health)

Per section 221(1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet or 15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project.

[Signature] 3/13/95
 Signature of Building Owner or Lessee

 Signature of Asbestos Abatement Contractor Representative

NOTE: For affected projects, this section on the notification form must be signed when the project notification form is submitted to MDPH.

MAILING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.)

NESHAP,
 40 CFR, Part 61,
 Subpart M

Mail to: Asbestos Coord. DNR, AQD
 Town Center, Ste. B, #200
 333 S. Capitol
 Lansing, MI 48933

NESHAP Projects In Wayne Co.:
 OR Wayne Co. Health Dept., APCD
 640 Temple, Suite 700
 Detroit, MI 48201

U.S. EPA, Region 5
 AND AT-18J, Asbestos Coord.
 77 W. Jackson Blvd.
 Chicago, IL 60604

Sec. 220(1-4) or (8),
 Public Act 135 of
 1986

Mail to: MDPH, DOH-ASBESTOS PROGRAM,
 3423 N. Logan/Martin L. King Jr. Blvd.